PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 1091491 35 3														
		CLA		S FILED - Column 1)		(Colur	nn 2)		SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
FC)R		NUMBE	R FILED	NUM	BER E	XTRA	RAT	E	FEE	1 1	RATE FEE		
BASIC FEE										345.00	OR		690.00	
TOTAL CLAIMS			T	20= *	. 4		X\$ 9	=		OR	X\$18=	1/2.		
	EPENDENT CL			3 = •	. 3		X39:	=		OR	X78=	234		
MULTIPLE DEPENDENT CLAIM PRESENT									=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2									۱L		OR	TOTAL	996-	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAI	LL E	ENTITY	OR	OTHER SMALL			
AMENDMENT A		REM Af	AIMS AINING TER IDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	RATI	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*		Minus *			=	X\$ 9	=		OR	X\$18=		
AME	Independent	*	N OF M	Minus	***		=	X39=	=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130	=		OR	+260=		
								TOT ADDIT, F			OR	TOTAL ADDIT. FEE		
			umn 1)		(Column		(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
ENDMENT B		REM Af	AIMS MAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	,	Minus	**		=	X\$ 9	=		OR	X\$18≃		
AME	Independent	* NITATIC	Minus ON OF MULTIPLE DEF		PENDENT CLAIM		=	X39=	=		OR	X78 ₌		
,	TINOTTILOL	NIAIR	DIA OL MI	JETIPLE DEF	·	LAIIVI		+130	=		OR	+260=		
								TO ADDIT. F			OR	TOTAL ADDIT. FEE		
			umn 1)		(Columr		(Column 3)							
AMENDMENT C		REM AF	AIMS AINING TER IDMENT		HIGHES NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=	X\$ 9	= -		OR	X\$18=		
	Independent	*	N 05 1 "	Minus	***	N 6 ** *	=	X39=	-		OR	X78=		
	FIRST PRESE	<u> </u>	ON OF MI	ULTIPLE DEF	'ENDENT C	LAIM		+130				+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	TOTAL	}			
***	If the "Highest Nu	mber Pr	eviously Pa	aid For" IN THI	S SPACE is I	ess thar	n 3, enter "3."	ADDIT. F	EE			ADDIT. FEE	L	
	The "Highest Num	iber Pre	viously Pai	ld For" (Total or	' Independen	t) is the	highest numbe	r found in the	app	propriate box	k in co	lumn 1.		

Application or Docket Number

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:	09/3	19/353	·		
		•	•		•	
_		Total Fee	Calculation	1		
	Fee Code	Total # Claims	Number Extra X	Fee	Fee	- Total
	Sm./Lg.			Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101				690	· 120
Total Claims >20	203/103	24 -20 =	<u>4</u> x		8	· 15
Independent Claims >3	202/102	<u>l</u> .1 =	<u>3</u> x		48	- 23K
Mult. Dep Claim Present	204/104			-		=
Surcharge	205/105				150	· 190
English Translation	139					
TOTAL FEE CALCULA	ATION					1/26
Fees due upon filing th	ne application:					· .
Total Filing Fees Due	= 5	1126				
Less Filing Fees Subm	ined - S					
BALANCE DUE	= \$	1124				
Office of Initial Palent I	Examination					
FORM OIPE-RAM-01 (Rev	. 12/97)	Figu	ire 7			·